

EXHIBIT B

Case 12-40944 Doc 379 Filed 08/08/13 Entered 08/08/13 16:52:09 Desc Main
Document Page 3 of 4

IMPORTANT NOTICE TO CLAIMANTS AND MANDATORY CLAIM FORM

YOU ARE REQUIRED TO RESPOND BY SEPTEMBER 25, 2013
IF YOU STILL ARE ASSERTING A CLAIM

Southern Sky Air & Tours, LLC d/b/a Direct Air, Debtor
United States Bankruptcy Court, District of Massachusetts
Chapter 7, Case No. 12-40944-MSH

You are receiving this Notice because you submitted a claim against (i) the Public Charter Operator's Surety Bond, (ii) certain accounts held at Valley National Bank, and/or (iii) the Southern Sky/Direct Air bankruptcy estate. Due to a large number of duplicative and/or subsequently satisfied claims, on August 7, 2013, the Bankruptcy Court entered an Order approving a new claims reconciliation process including this Notice. Even though you previously submitted a claim, you must complete and execute this Claim Form and return it by September 25, 2013 as set forth below, or your claim will be disallowed and you will not receive any distribution to which you might otherwise be entitled.

1. Current Contact Information of Consumer Claimant:

Name: Jean Buonvicino

Address: 5070 CITADEL ST

City, State/Zip Code: Kalamazoo, MI, 49004

Phone Number: _____ Email: _____

2. Claim Still Asserted by Consumer:

I still hold a claim in the Debtor's bankruptcy case in the amount of \$ 1859.00 after application of all credits, offsets and refunds received by me (including, but not limited to, any receipt of a refund or "chargeback" through my credit card or debit card account).

Please enclose documentation in support of your claim.¹

If the above claim is for more than one individual (for example on behalf of a group or family), you must list the names of each individual claimant below, or on a separate attachment.

Name: _____

Name: _____

Name: _____

Name: _____

☐ If any portion of your claim includes any amounts paid to any party other than the Debtor (Direct Air), please check this box and provide details.

☒ If any portion of your claim includes a membership fee for the Debtor's "Friends and Family" or "Family Ties" program (not including payments for pre-paid tickets or vouchers), please check this box and indicate the amount of the membership fee only: \$ 600.00

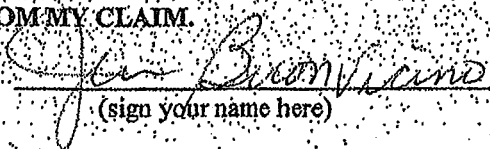
Continued on reverse side.

¹ It is not necessary to submit copies of supporting documents if you already submitted supporting documents with your original claim.

sent 9/3/13

I understand and acknowledge that this claim replaces and supersedes any and all claim(s) previously asserted by me in the Debtor's bankruptcy case.

UNDER PENALTIES OF PERJURY I AFFIRM THAT THE INFORMATION PROVIDED HEREIN IS TRUE AND CORRECT AND THAT THE ABOVE ASSERTED CLAIM IS ALL I AM STILL OWED AND THAT ALL CREDITS, CHARGEBACKS, OFFSETS, AND REFUNDS THAT I HAVE RECEIVED HAVE BEEN DEDUCTED FROM MY CLAIM.


(sign your name here)

3. **You Must Return This Claim Form So It Is Received By September 25, 2013:**

- a. Fax this Claim Form to: 508.983.6243; or
- b. Email this Claim Form to: kdellechiaie@mirickoconnell.com; or
- c. Mail this Claim Form to: Mirick, O'Connell, DeMallie & Lougee, LLP
Attn: Kimberly M. DelleChiaie, Paralegal
100 Front Street
Worcester, MA 01608

(It is not necessary to file this Claim Form with the Bankruptcy Court.)

4. If you have any questions about this Claim Form, feel free to call (508) 791-8500 and ask to speak to a representative about the "Direct Air Claim Form."

Direct Air

B-C Page 4 of 16

Page 1 of 5


Confirmation number: 1716557

Receipt and Itinerary as of Fri-18Nov11 07:42 AM

JEAN BUONVICINO
5070 CITADEL STREET
KALAMAZOO, MI 49004
US

You will need to provide your confirmation number and valid government-issued photo ID at check-in to receive your boarding card.

ITINERARY:

FROM/TO	FLIGHT	STOPS	DEPARTURE	ARRIVAL
FAM (FAMILY)/ ILY (FAMILY)	D1 - 771	0	Wed-31Oct12 06:00 AM	Wed-31Oct12 07:00 AM

Passenger(s)	Charge Description	Original Amount	Amount
BUONVICINO, JEAN L.	Z - COACH -	54.50 USD	54.50 USD
	TAX - MEM: Membership - FAM	60.00 USD	60.00 USD
BUONVICINO, PAX1	Z - COACH -	54.50 USD	54.50 USD
	TAX - MEM: Membership - FAM	60.00 USD	60.00 USD
BUONVICINO, PAX3	Z - COACH -	54.50 USD	54.50 USD
	TAX - MEM: Membership - FAM	60.00 USD	60.00 USD
BUONVICINO, PAX4	Z - COACH -	54.50 USD	54.50 USD
	TAX - MEM: Membership - FAM	60.00 USD	60.00 USD
BUONVICINO, PAX5	Z - COACH -	54.50 USD	54.50 USD
	TAX - MEM: Membership - FAM	60.00 USD	60.00 USD
BUONVICINO, PAX6	Z - COACH -	54.50 USD	54.50 USD
	TAX - MEM: Membership - FAM	60.00 USD	60.00 USD
BUONVICINO, PAX7	Z - COACH -	54.50 USD	54.50 USD
	TAX - MEM: Membership - FAM	60.00 USD	60.00 USD
BUONVICINO, PAX8	Z - COACH -	54.50 USD	54.50 USD
	TAX - MEM: Membership - FAM	60.00 USD	60.00 USD
BUONVICINO, PAX9	Z - COACH -	54.50 USD	54.50 USD
	TAX - MEM: Membership - FAM	60.00 USD	60.00 USD
BUONVICINO, PAX10	Z - COACH -	54.50 USD	54.50 USD
	TAX - MEM: Membership - FAM	60.00 USD	60.00 USD

Direct Air

Page 2 of 5

BUONVICINO, PAX11	Z - COACH -	54.50 USD	54.50 USD
	TAX - MEM: Membership - FAM	60.00 USD	60.00 USD

ITINERARY:

FROM/TO	FLIGHT	STOPS	DEPARTURE	ARRIVAL
ILY (FAMILY)/ FAM (FAMILY)	D1 - 881	0	Wed-31Oct12 02:00 PM	Wed-31Oct12 03:00 PM

Passenger(s)	Charge Description	Original Amount	Amount
BUONVICINO, JEAN L.	Z - COACH -	54.50 USD	54.50 USD
BUONVICINO, PAX1	Z - COACH -	54.50 USD	54.50 USD
BUONVICINO, PAX3	Z - COACH -	54.50 USD	54.50 USD
BUONVICINO, PAX4	Z - COACH -	54.50 USD	54.50 USD
BUONVICINO, PAX5	Z - COACH -	54.50 USD	54.50 USD
BUONVICINO, PAX6	Z - COACH -	54.50 USD	54.50 USD
BUONVICINO, PAX7	Z - COACH -	54.50 USD	54.50 USD
BUONVICINO, PAX8	Z - COACH -	54.50 USD	54.50 USD
BUONVICINO, PAX9	Z - COACH -	54.50 USD	54.50 USD
BUONVICINO, PAX10	Z - COACH -	54.50 USD	54.50 USD
BUONVICINO, PAX11	Z - COACH -	54.50 USD	54.50 USD

Reservation Totals:	Air fare	1,199.00 USD
	Tax	660.00 USD
	Special Service	0.00 USD
	TOTAL	1,859.00 USD

Payment Summary:	JEAN BUONVICINO	1,859.00 USD	1,859.00 USD
	TOTAL PAYMENTS		1,859.00 USD

IMPORTANT REMINDERS

First-Class Seating

Now available on select Direct Air flights.
Advance Coach seat selection also available.

Call toll-free 1.877.432.DIRECT to reserve your seating.

Flights are Public Charters operated by Xtra Airways on Boeing 737-400 aircraft, by Vision Airlines on Boeing 737-300 and 737-800 aircraft, by Aviation Advantage/Sky King on Boeing 737-400 aircraft, and by Dynamic Air on MD-88 aircraft.

Direct Air utilizes "Ticketless Travel". Your boarding passes will be issued upon your check in for your flight at the Direct Air ticket counter (see below).

In order to receive boarding passes, all passengers of at least 18 years of age must present one piece of valid, government-issued photo ID at the Direct Air ticket counter upon check-in. Such identification may include a photo driver's license, state- or province-issued non-operator's ID, or valid passport.

Direct Air recommends and requests that passengers check in **two hours prior** to departure. All passengers must be checked in no later than one hour prior to scheduled departure, and be at the boarding gate no later than 30 minutes prior to departure. Failure to do so may result in denial of boarding.

We recommend that customers call us toll-free at 1-(877) 432-DIRECT (1-877-432-3473) one day prior to departure to re-confirm flight arrangements. Please have your confirmation number (located near the top of this receipt) ready when you call.

Each paid passenger is permitted two pieces of luggage in the checked luggage compartment. A nonrefundable Standard Baggage Service Fee will apply to all checked items as follows:

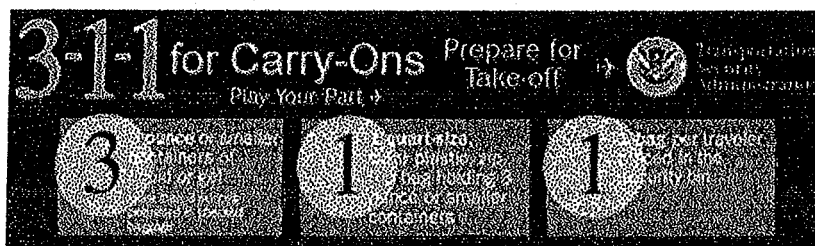
- For luggage declared in advance of travel at visitdirectair.com or by calling our Reservations Department at 1 (877) 432-DIRECT, a Standard Baggage Service Fee of \$25.00 for the first checked item, and \$30.00 for the second checked item may be declared, for a maximum of two declared items per ticketed customer or lap infant.
- For luggage declared at a Direct Air ticket counter on the date of departure, a Standard Baggage Service Fee of \$30.00 for the first checked item, and \$35.00 for the second checked item may be declared, for a maximum of two declared items per ticketed customer or lap infant.

Each checked item must measure no more than 62" in overall dimensions (L + W + H = 62"). The combined weight of both checked items cannot exceed 70 lbs. Each ticketed passenger is permitted one carry-on item at no charge, provided that such item weighs no more than 30 lbs., can be safely stowed in the overhead bin or under the seat directly facing the passenger. Carry-on items cannot exceed 45" overall dimensions. All items to be carried aboard as carry-on luggage are subject to measurement and approval by ticket counter staff. All approved carry-on items are subject to being tagged as approved carry-on luggage. The carry-on tag must remain on all carry-on luggage through the boarding process. Additional fees may apply for specialty, excess and overweight items; please visit www.visitdirectair.com or call (877) 432 DIRECT for more information."



Ticket Counter Locations

LEHIGH VALLEY INT'L AIRPORT (Allentown)	(ABE)	Main Terminal, Direct Air counter
KALAMAZOO-BATTLE CREEK INT'L AIRPORT	(AZO)	Main Terminal, Direct Air counter
NEWARK-LIBERTY INT'L AIRPORT	(EWR)	Terminal B, ticketing level adj. to Door 4/Delta Airlines
NIAGARA FALLS INT'L AIRPORT	(IAG)	Main Terminal, Direct Air counter
RICKENBACKER INT'L AIRPORT (Columbus)	(LCK)	Main Terminal, Direct Air counter
MELBOURNE INT'L AIRPORT	(MLB)	Main Terminal, Direct Air counter
MYRTLE BEACH INT'L AIRPORT	(MYR)	Main Terminal, Direct Air counter
WORCESTER REGIONAL AIRPORT	(ORH)	Main Terminal, Direct Air counter
PLATTSBURGH INT'L AIRPORT (NY)	(PBG)	Main Terminal, Direct Air counter
CHARLOTTE CO. AIRPORT (Punta Gorda)	(PGD)	Main Terminal, Direct Air counter
PITTSBURGH INT'L AIRPORT (PA)	(PIT)	Landside Terminal, upper level, Direct Air counter
CHICAGO ROCKFORD INT'L AIRPORT	(RFD)	Main Terminal, Direct Air counter
ORLANDO-SANFORD INT'L AIRPORT	(SFB)	Terminal B, Direct Air counter
SPRINGFIELD-ABRAHAM LINCOLN CAPITAL AIRPORT	(SPI)	Main Terminal, Direct Air counter
TOLEDO EXPRESS AIRPORT	(TOL)	Main Terminal, Direct Air counter
PALM BEACH INTERNATIONAL AIRPORT	(PBI)	Main Terminal, Level 3, Direct Air counter



On September 25, 2008, the Transportation Security Administration (TSA) announced new limitations to the volume of liquids and gels that air travelers would be permitted to take in carry-on luggage. To aid in understanding these new security limitations, the TSA announced its "3-1-1" program, with the following instructions to all air travelers (taken from the TSA web site, www.tsa.gov):

Liquids and gels are considered any article that you can pour, pump, squeeze, spread, smear, spray or spill.

3-1-1 for carry-ons= liquids in carry-on luggage must be contained in 3 ounce bottles or less; bottles are to be contained in 1 quart-sized, clear, plastic, zip-top bag; 1 bag per passenger placed in screening bin. One-quart bag per person limits the total liquid volume each traveler can

bring. 3 oz. container size is a security measure.

Consolidate bottles into one bag and X-ray separately to speed screening.

Be prepared. Each time TSA searches a carry-on it slows down the line. Practicing 3-1-1 will ensure a faster and easier checkpoint experience.

3-1-1 is for short trips. If in doubt, put your liquids in checked luggage.

Declare larger liquids. Prescription medications, baby formula and milk are allowed in quantities exceeding three ounces and are not required to be in the zip-top bag. Declare these items for inspection at the checkpoint.

Come early and be patient. Heavy travel volumes and the enhanced security process may mean longer lines at security checkpoints.

Please visit the Transportation Security Administration online at www.tsa.gov for more information.

Thank you for choosing



We look forward to having you aboard!

B 10 (Official Form 10) (12/11)

UNITED STATES BANKRUPTCY COURT		PROOF OF CLAIM
Name of Debtor: Southern Sky Air + Tours LLC DBA Direct Air 1600 OAK ST Myrtle Beach, SC. 29577	Case Number: 12-40944 MSH	SEP 11 12 PM 12:14 US
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503.		
Name of Creditor (the person or other entity to whom the debtor owes money or property): Jean Buonvicino		
Name and address where notices should be sent: 5070 Citadel St Kalamazoo, MI 49004		COURT USE ONLY: <input type="checkbox"/> Check this box if this claim amends a previously filed claim. Court Claim Number: _____ (if known) Filed on: _____
Telephone number: _____ email: _____		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.
Name and address where payment should be sent (if different from above): Telephone number: _____ email: _____		
1. Amount of Claim as of Date Case Filed: \$ <u>1559.00</u>		
If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5.		
<input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.		
2. Basis for Claim: <u>Paid for Air line tickets that weren't delivered</u> (See instruction #2) <u>Pd By Credit Card in full.</u>		
3. Last four digits of any number by which creditor identifies debtor: <u>12-40944</u>	3a. Debtor may have scheduled account as: <u>Southern Sky Air + Tours</u> <u>DBA - Direct Air</u> (See instruction #3a)	3b. Uniform Claim Identifier (optional): (See instruction #3b)
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.		
Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: _____		Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____
Value of Property: \$ _____		Basis for perfection: _____
Annual Interest Rate _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable (when case was filed)		Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____
5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.		
<input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B).	<input type="checkbox"/> Wages, salaries, or commissions (up to \$11,725*) earned within 180 days before the case was filed or the debtor's business ceased, whichever is earlier – 11 U.S.C. § 507 (a)(4).	<input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5).
<input type="checkbox"/> Up to \$2,600* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. § 507 (a)(7).	<input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. § 507 (a)(8).	<input checked="" type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. § 507 (a)(____).
Amount entitled to priority: \$ <u>1559.00</u>		
<small>*Amounts are subject to adjustment on 4/1/13 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</small>		
6. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)		

B 10 (Official Form 10) (12/11)

2

7. Documents: Attached are redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. If the claim is secured, box 4 has been completed, and redacted copies of documents providing evidence of perfection of a security interest are attached. (See instruction #7, and the definition of "redacted".)

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

If the documents are not available, please explain:

8. Signature: (See instruction #8)

Check the appropriate box.

☒ I am the creditor. ☐ I am the creditor's authorized agent. ☐ I am the trustee, or the debtor, or their authorized agent. ☐ I am a guarantor, surety, indorser, or other codebtor. (Attach copy of power of attorney, if any.) (See Bankruptcy Rule 3004.) (See Bankruptcy Rule 3005.)

I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief.

Print Name: Jean Buonvicino
Title: _____
Company: _____
Address and telephone number (if different from notice address above): _____

Jean Buonvicino 9-1-12
(Signature) (Date)

Telephone number: _____ email: _____

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

INSTRUCTIONS FOR PROOF OF CLAIM FORM

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, exceptions to these general rules may apply.

Items to be completed in Proof of Claim form

Court, Name of Debtor, and Case Number:

Fill in the federal judicial district in which the bankruptcy case was filed (for example, Central District of California), the debtor's full name, and the case number. If the creditor received a notice of the case from the bankruptcy court, all of this information is at the top of the notice.

Creditor's Name and Address:

Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

1. Amount of Claim as of Date Case Filed:

State the total amount owed to the creditor on the date of the bankruptcy filing. Follow the instructions concerning whether to complete items 4 and 5. Check the box if interest or other charges are included in the claim.

2. Basis for Claim:

State the type of debt or how it was incurred. Examples include goods sold, money loaned, services performed, personal injury/wrongful death, car loan, mortgage note, and credit card. If the claim is based on delivering health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information. You may be required to provide additional disclosure if an interested party objects to the claim.

3. Last Four Digits of Any Number by Which Creditor Identifies Debtor:

State only the last four digits of the debtor's account or other number used by the creditor to identify the debtor.

3a. Debtor May Have Scheduled Account As:

Report a change in the creditor's name, a transferred claim, or any other information that clarifies a difference between this proof of claim and the claim as scheduled by the debtor.

3b. Uniform Claim Identifier:

If you use a uniform claim identifier, you may report it here. A uniform claim identifier is an optional 24-character identifier that certain large creditors use to facilitate electronic payment in chapter 13 cases.

4. Secured Claim:

Check whether the claim is fully or partially secured. Skip this section if the claim is entirely unsecured. (See Definitions.) If the claim is secured, check the box for the nature and value of property that secures the claim, attach copies of lien documentation, and state, as of the date of the bankruptcy filing, the annual interest rate (and whether it is fixed or variable), and the amount past due on the claim.

5. Amount of Claim Entitled to Priority Under 11 U.S.C. § 507 (a):

If any portion of the claim falls into any category shown, check the appropriate box(es) and state the amount entitled to priority. (See Definitions.) A claim may be partly priority and partly non-priority. For example, in some of the categories, the law limits the amount entitled to priority.

6. Credits:

An authorized signature on this proof of claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

7. Documents:

Attach redacted copies of any documents that show the debt exists and a lien secures the debt. You must also attach copies of documents that evidence perfection of any security interest. You may also attach a summary in addition to the documents themselves. FRBP 3001(c) and (d). If the claim is based on delivering health care goods or services, limit disclosing confidential health care information. Do not send original documents, as attachments may be destroyed after scanning.

8. Date and Signature:

The individual completing this proof of claim must sign and date it. FRBP 9011. If the claim is filed electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what constitutes a signature. If you sign this form, you declare under penalty of perjury that the information provided is true and correct to the best of your knowledge, information, and reasonable belief. Your signature is also a certification that the claim meets the requirements of FRBP 9011(b). Whether the claim is filed electronically or in person, if your name is on the signature line, you are responsible for the declaration. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. If the claim is filed by an authorized agent, attach a complete copy of any power of attorney, and provide both the name of the individual filing the claim and the name of the agent. If the authorized agent is a servicer, identify the corporate servicer as the company. Criminal penalties apply for making a false statement on a proof of claim.

B 10 (Official Form 10) (12/11)

DEFINITIONS

INFORMATION

Debtor

A debtor is the person, corporation, or other entity that has filed a bankruptcy case.

Creditor

A creditor is a person, corporation, or other entity to whom debtor owes a debt that was incurred before the date of the bankruptcy filing. See 11 U.S.C. §101 (10).

Claim

A claim is the creditor's right to receive payment for a debt owed by the debtor on the date of the bankruptcy filing. See 11 U.S.C. §101 (5). A claim may be secured or unsecured.

Proof of Claim

A proof of claim is a form used by the creditor to indicate the amount of the debt owed by the debtor on the date of the bankruptcy filing. The creditor must file the form with the clerk of the same bankruptcy court in which the bankruptcy case was filed.

Secured Claim Under 11 U.S.C. § 506 (a)

A secured claim is one backed by a lien on property of the debtor. The claim is secured so long as the creditor has the right to be paid from the property prior to other creditors. The amount of the secured claim cannot exceed the value of the property. Any amount owed to the creditor in excess of the value of the property is an unsecured claim. Examples of liens on property include a mortgage on real estate or a security interest in a car. A lien may be voluntarily granted by a debtor or may be obtained through a court proceeding. In some states, a court judgment is a lien.

A claim also may be secured if the creditor owes the debtor money (has a right to setoff).

Unsecured Claim

An unsecured claim is one that does not meet the requirements of a secured claim. A claim may be partly unsecured if the amount of the claim exceeds the value of the property on which the creditor has a lien.

Claim Entitled to Priority Under 11 U.S.C. § 507

(a) Priority claims are certain categories of unsecured claims that are paid from the available money or property in a bankruptcy case before other unsecured claims.

Redacted

A document has been redacted when the person filing it has masked, edited out, or otherwise deleted, certain information. A creditor must show only the last four digits of any social-security, individual's tax-identification, or financial-account number, only the initials of a minor's name, and only the year of any person's date of birth. If the claim is based on the delivery of health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information.

Evidence of Perfection

Evidence of perfection may include a mortgage, lien, certificate of title, financing statement, or other document showing that the lien has been filed or recorded.

Acknowledgment of Filing of Claim

To receive acknowledgment of your filing, you may either enclose a stamped self-addressed envelope and a copy of this proof of claim or you may access the court's PACER system (www.pacer.psc.uscourts.gov) for a small fee to view your filed proof of claim.

Offers to Purchase a Claim

Certain entities are in the business of purchasing claims for an amount less than the face value of the claims. One or more of these entities may contact the creditor and offer to purchase the claim. Some of the written communications from these entities may easily be confused with official court documentation or communications from the debtor. These entities do not represent the bankruptcy court or the debtor. The creditor has no obligation to sell its claim. However, if the creditor decides to sell its claim, any transfer of such claim is subject to FRBP 3001(e), any applicable provisions of the Bankruptcy Code (11 U.S.C. § 101 *et seq.*), and any applicable orders of the bankruptcy court.



Confirmation number: **1716557**

Receipt and Itinerary as of Fri-18Nov11 07:42 AM

JEAN BUONVICINO
5070 CITADEL STREET
KALAMAZOO, MI 49004
US

You will need to provide your confirmation number and valid government-issued photo ID at check-in to receive your boarding card.

ITINERARY:

FROM/TO	FLIGHT	STOPS	DEPARTURE	ARRIVAL
FAM (FAMILY)/ ILY (FAMILY)	D1 - 771	0	Wed-31Oct12 06:00 AM	Wed-31Oct12 07:00 AM

Passenger(s)	Charge Description	Original Amount	Amount
BUONVICINO, JEAN L.	Z - COACH -	54.50 USD	54.50 USD
	TAX - MEM: Membership - FAM	60.00 USD	60.00 USD
BUONVICINO, PAX1	Z - COACH -	54.50 USD	54.50 USD
	TAX - MEM: Membership - FAM	60.00 USD	60.00 USD
BUONVICINO, PAX3	Z - COACH -	54.50 USD	54.50 USD
	TAX - MEM: Membership - FAM	60.00 USD	60.00 USD
BUONVICINO, PAX4	Z - COACH -	54.50 USD	54.50 USD
	TAX - MEM: Membership - FAM	60.00 USD	60.00 USD
BUONVICINO, PAX5	Z - COACH -	54.50 USD	54.50 USD
	TAX - MEM: Membership - FAM	60.00 USD	60.00 USD
BUONVICINO, PAX6	Z - COACH -	54.50 USD	54.50 USD
	TAX - MEM: Membership - FAM	60.00 USD	60.00 USD
BUONVICINO, PAX7	Z - COACH -	54.50 USD	54.50 USD
	TAX - MEM: Membership - FAM	60.00 USD	60.00 USD
BUONVICINO, PAX8	Z - COACH -	54.50 USD	54.50 USD
	TAX - MEM: Membership - FAM	60.00 USD	60.00 USD
BUONVICINO, PAX9	Z - COACH -	54.50 USD	54.50 USD
	TAX - MEM: Membership - FAM	60.00 USD	60.00 USD
BUONVICINO, PAX10	Z - COACH -	54.50 USD	54.50 USD
	TAX - MEM: Membership - FAM	60.00 USD	60.00 USD

Direct Air

BUONVICINO, PAX11	Z - COACH -	54.50 USD	54.50 USD
	TAX - MEM: Membership - FAM	60.00 USD	60.00 USD

ITINERARY:				
FROM/TO	FLIGHT	STOPS	DEPARTURE	ARRIVAL
ILY (FAMILY)/ FAM (FAMILY)	D1 - 881	0	Wed-31Oct12 02:00 PM	Wed-31Oct12 03:00 PM

Passenger(s)	Charge Description	Original Amount	Amount
BUONVICINO, JEAN L.	Z - COACH -	54.50 USD	54.50 USD
BUONVICINO, PAX1	Z - COACH -	54.50 USD	54.50 USD
BUONVICINO, PAX3	Z - COACH -	54.50 USD	54.50 USD
BUONVICINO, PAX4	Z - COACH -	54.50 USD	54.50 USD
BUONVICINO, PAX5	Z - COACH -	54.50 USD	54.50 USD
BUONVICINO, PAX6	Z - COACH -	54.50 USD	54.50 USD
BUONVICINO, PAX7	Z - COACH -	54.50 USD	54.50 USD
BUONVICINO, PAX8	Z - COACH -	54.50 USD	54.50 USD
BUONVICINO, PAX9	Z - COACH -	54.50 USD	54.50 USD
BUONVICINO, PAX10	Z - COACH -	54.50 USD	54.50 USD
BUONVICINO, PAX11	Z - COACH -	54.50 USD	54.50 USD

Reservation Totals:	Air fare	1,199.00 USD
	Tax	660.00 USD
	Special Service	0.00 USD
	TOTAL	1,859.00 USD

Payment Summary:	JEAN BUONVICINO	1,859.00 USD	1,859.00 USD
	TOTAL PAYMENTS		1,859.00 USD

EXHIBIT C

**UNITED STATES BANKRUPTCY COURT
DISTRICT OF MASSACHUSETTS
(CENTRAL DIVISION)**

In re:

**SOUTHERN SKY AIR & TOURS, LLC
d/b/a DIRECT AIR,**

Debtor.

**Chapter 7
Case No. 12-40944-MSH**

**ORDER APPROVING CHAPTER 7 TRUSTEE'S MOTION, AS SUPPLEMENTED,
FOR ORDER (I) APPROVING PROPOSED INTERIM DISTRIBUTION TO
CHARTER PARTICIPANT CLAIMANTS, (II) RESOLVING AND DISALLOWING
CERTAIN OBJECTIONABLE CHARTER PARTICIPANT CLAIMS
AND (III) EXTENDING DEADLINE FOR SUBMISSION
OF COMPLETED CLAIM NOTICES**

Upon the motion (the "Motion") filed on November 12, 2013 by Joseph H. Baldiga, Chapter 7 trustee of the bankruptcy estate (the "Estate") of Southern Sky Air & Tours, LLC d/b/a Direct Air (the "Debtor"), For Order (I) Approving Proposed Interim Distribution to Charter Participant Claimants, (II) Resolving and Disallowing Certain Objectionable Charter Participant Claims and (III) Extending Deadline for Submission of Completed Claim Notices (the "Distribution Motion") and the supplement thereto dated December 18, 2013 (the "Supplement"); and the Court finding that the Distribution Motion, as supplemented, is in the best interest of the Estate; one objection to the Distribution Motion having been filed by Dennis Jerome Parker (the "Parker Objection"), the Parker Objection having been rendered moot, and therefore is disallowed, by the supplement;

NOW THEREFORE IT IS HEREBY ORDERED THAT:

1. The Distribution Motion, as supplemented, is allowed;

2. The revised proposed distribution attached to the Supplement as Exhibit A and the proposed transmittal letter attached to the Distribution Motion as Exhibit E are approved;
3. The deadline by which Charter Participants (as defined in the Distribution Motion) and New Claimants (as defined in the Distribution Motion) may have to submit completed Claim Notices (as defined in the Distribution Motion) is extended to November 14, 2013;
4. Claim Notices timely submitted by Charter Participants and New Claimants, including Dennis Jerome Parker and Lois Satagaj, on or before November 14, 2013 are hereby deemed allowed and approved by this Court, subject to any adjustments by the Trustee;
5. Any Claim Notices received by the Trustee after November 14, 2013 are hereby disallowed in full, without the need for further objection or notice by the Trustee;
6. The Trustee's recommended treatment of the Objectionable Claims (as defined in the Distribution Motion) as attached to the Distribution Motion as Exhibit C is approved; and
7. The Trustee's recommended disallowance, in full, of the claim of Jean Buonvicino (as defined in the Supplement and as attached to the Supplement as Exhibit B) is approved.

Dated: _____, 2013

Honorable Melvin S. Hoffman
United States Bankruptcy Judge